

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 443Registered No. 473

## 1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 5 Warrior Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Andrew Melvin Adams { If child is not yet named, make supplemental report, as directed.3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Oct. 2 - 1929  
Month Day Year8. FATHER Full name Andrew Carl Adams 9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
10. Color or race Cauc. 11. Age at last birthday 31 (Years)  
12. Birthplace (city or place) Central, Arizona  
(State or country) Arizona  
13. Occupation Converter foreman  
Nature of industry mining14. MOTHER Full maiden name Hazel Anna Hancock 15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
16. Color or race Cauc. 17. Age at last birthday 33 (Years)  
18. Birthplace (city or place) Eden, Arizona  
(State or country) Arizona  
19. Occupation Housewife  
Nature of industry Housewife20. Number of children of this mother. 3 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. m. on the date above stated.  
(Born alive or stillborn.)\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Cyril M. Brown M.D. 10.  
Physician  
(Physician or midwife.)Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
Month, day, year \_\_\_\_\_

Registrar

Filed Oct 12, 29 19 Le-E. Doring Registrar

112-1002-582